

**VOLUNTEER**

**SKILL BUILDING CONFERENCE**

**HANDOUTS**

**MAY 8, 2009**

**L641**

**§418.78 Conditions of participation --Volunteers**

**L642**

**The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.**

**Interpretive Guidelines §418.78**

Volunteers are considered hospice employees to facilitate compliance with the core services requirement.

**Procedures and Probes §418.78**

Conduct an interview with the individual designated to supervise the volunteers regarding the use, training and supervision of volunteers.

**L643**

**§418.78(a) Standard: Training**

**The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.**

**Interpretive Guidelines §418.78(a)**

All required volunteer training should be consistent with the specific tasks that volunteers perform.

**Probes §418.78(a)**

- How does the hospice supervise the volunteers? Is there evidence that all volunteers receive the supervision necessary to perform their assignments?
- Is there documentation supporting that all the volunteers have received training or orientation before being assigned to a patient/family?
- What evidence is there that the volunteers are aware of:

- Their duties and responsibilities;
- The person(s) to whom they report;
- The person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities;
- Hospice goals, services and philosophy;
- Confidentiality and protection of the patient's and family's rights;
- Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;
- Procedures to be followed in an emergency, or following the death of the patient;
- Guidance related specifically to individual responsibilities.

## **L644**

### **§418.78(b) Standard: Role**

**Volunteers must be used in day-to-day administrative and/or direct patient care roles.**

#### **Interpretive Guidelines §418.78(b)**

Qualified volunteers who provide professional services for the hospice must meet all requirements associated with their specialty area. If licensure or registration is required by the State, the volunteer must be licensed or registered.

The hospice may use volunteers to provide assistance in the hospice's ancillary and office activities as well as in direct patient care services, and/or help patients and families with household chores, shopping, transportation, and companionship. Hospices are also permitted to use volunteers in non-administrative and non-direct patient care activities, although these services are not considered when calculating the level of activity described in standard (e).

The duties of volunteers used in direct patient care services or helping patients and families must be evident in the patient's plan of care. There should be documentation of time spent and the services provided by volunteers.

#### **Probes §418.78(b)**

What evidence exists that the IDG conducts an assessment of the patient/family's need for a volunteer?

## **L645**

### **§418.78(c) Standard: Recruiting and retaining.**

**The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.**

**L646**

**§418.78(d) Standard: Cost saving**

**The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:**

- (1) The identification of each position that is occupied by a volunteer.**
- (2) The work time spent by volunteers occupying those positions.**
- (3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.**

**Interpretive Guidelines §418.78(d)**

There is no requirement for what the cost savings must be, only on how it is computed.

**L647**

**§418.78(e) Standard: Level of activity**

**Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.**

**Interpretive Guidelines §418.78(e)**

In computing this level of activity, the hospice divides the number of hours that hospice volunteers spent providing administrative and/or direct patient care services by the total number of patient care hours of all paid hospice employees and contract staff. For example, if the hospice provides 10,000 hours of paid direct patient care during a one-year period the hospice must provide 500 volunteer hours in direct patient care or administrative activities to meet the required 5 percent total.

A hospice may fluctuate the volume of care provided by volunteers after the hospice meets the required 5 percent minimum.

TAG #	YES	NO	EXPLANATORY STATEMENTS
ML227			<ul style="list-style-type: none"> <li>2. Hospice shall provide education for patient/family, employees and volunteers on the safe use of medical equipment.</li> </ul>
ML228			<ul style="list-style-type: none"> <li>3. Hospice shall provide evidence that all hospice-owned patient care related equipment has been inspected and maintained on an annual basis and in accordance with manufacturers specifications.</li> </ul>
ML229			<ul style="list-style-type: none"> <li>4. Hospice shall have policies and procedures for cleaning, storing, accessing and distributing hospice-owned equipment.</li> </ul>
ML230			<ul style="list-style-type: none"> <li>5. Supplies shall be stored and maintained in a clean and proper manner.</li> </ul>
ML231			<ul style="list-style-type: none"> <li>(J) Volunteers.               <ul style="list-style-type: none"> <li>1. Each hospice shall document and maintain a volunteer staff sufficient to provide administrative and direct patient care hours in an amount that, at a minimum, equals five percent of the total patient care hours of all paid hospice employees and contract staff. The hospice shall document a continuing level of volunteer activity.</li> </ul> </li> </ul>
ML232			<ul style="list-style-type: none"> <li>2. Care and services through the use of volunteers, including the type of services and the time worked, shall be recorded.</li> </ul>
ML233			<ul style="list-style-type: none"> <li>3. The hospice shall document initial screening and active and ongoing efforts to recruit and retain volunteers.</li> </ul>
ML234			<ul style="list-style-type: none"> <li>4. The hospice shall provide task-appropriate orientation and training consistent with acceptable standards of hospice practice, that includes at a minimum:               <ul style="list-style-type: none"> <li>A. Hospice philosophy, goals and services;</li> <li>B. The volunteer role in hospice;</li> <li>C. Confidentiality;</li> <li>D. Instruction in the volunteer's particular duties and responsibilities;</li> <li>E. Whom to contact if in need of assistance or instruction regarding the performance of their specific duties and responsibilities; and</li> <li>F. Documentation and record keeping as related to the volunteer's duties.</li> </ul> </li> </ul>
ML235			<ul style="list-style-type: none"> <li>5. The hospice shall, in addition, provide orientation for patient care volunteers that includes at a minimum:               <ul style="list-style-type: none"> <li>A. Concepts of death and dying;</li> <li>B. Communication skills;</li> <li>C. Care and comfort measures;</li> <li>D. Psychosocial and spiritual issues related to death and dying;</li> <li>E. The concept of hospice patient and family as the unit of care;</li> <li>F. Procedures to be followed in an emergency or following the death of the patient;</li> <li>G. Concepts of grief and loss;</li> <li>H. Universal precautions;</li> <li>I. Safety;</li> <li>J. Patient/family rights; and</li> <li>K. Hospice and the nursing home; and</li> <li>L. Alzheimer's disease and dementia-specific training as specified at 19 CSR 30-35.010(2)(M)1.B.(XIII)</li> </ul> </li> </ul>
ML236			<ul style="list-style-type: none"> <li>6. The hospice shall document orientation and ongoing in-services.</li> </ul>
ML237			<ul style="list-style-type: none"> <li>7. Volunteers functioning in accordance with professional practice acts must show evidence of current professional standing and licensure, if applicable.</li> </ul>
ML238			<ul style="list-style-type: none"> <li>(K) Central Clinical Records.</li> </ul>

Note: Volunteers are required to have criminal background checks and health screenings as required for other patient care personnel.

**COST SAVINGS-STANDARD 418.78 (d) (ML231 and 232)**

L 646: The hospice must document the cost savings through the use of volunteers by documenting the following:

- 1) The identification of each position occupied by a volunteer;  
Example: Office clerk, homemaker, etc.
- 2) The work time spent by volunteers occupying these positions;  
Office clerk: 20 hours per week X 6 weeks.
- 3) Estimate the dollar costs the hospice would have incurred if:
  - a.) Paid employees occupied that position
  - b.) For the amount of time spent.

Example: If your office clerk, (a paid employee), would have earned \$ 4500.00 and the homemaker, (a paid employee), would have earned \$3000.00 then the savings would be a total of those two figures for the time calculated.

**\*\*\*PLEASE NOTE THERE IS NO REGULATORY REQUIREMENT FOR WHAT THE COST SAVINGS MUST BE, ONLY HOW IT IS COMPUTED.**

The cost savings achieved through the use of volunteers is computed from the time the hospice volunteers spend in administrative support or direct patient care activities.

**VOLUNTEER ADMINISTRATIVE SUPPORT=SUPPORT OF THE PATIENT CARE ACTIVITIES OF THE HOSPICE.**  
(e.g. clerical duties in the office of the hospice).

**VOLUNTEER DIRECT PATIENT CARE=TIME SPENT PROVIDING CARE TO THE PATIENT.**

When calculating volunteer activity, the hospice may include time spent orienting volunteers to a **SPECIFIC PATIENT'S CARE IN THE HOME.** (e.g. teaching infection control procedures during an introductory visit or demonstrating comfort measures for a patient in his/her home).

The hospice may also count the time a volunteer is being trained to do particular administrative task.  
(e.g. clerical duties in the office).

When computing the level of volunteer hours, the hospice **should not** count hours the volunteer spends in:

- 1) General orientation and training
- 2) Employee issues
- 3) Education
- 4) Support meetings
- 5) Marketing
- 6) Attendance at board meetings



**LEVEL OF ACTIVITY-STANDARD 418.78 (e)** at Federal tag L 647 ( ML 231) requires the hospice to document and maintain a volunteer staff sufficient to provide administrative and direct care in an amount that, at a minimum, equals 5% of the total patient care hours of **ALL PAID** hospice employees and **contract staff**.

Divide the total volunteer administrative and patient care hours by the total paid staff hours (remember to include the contracted staff). If the hospice provides 10,000 hours of paid direct patient care hours in a one year period then it must provide 500 volunteer hours in direct patient care and administrative activities to meet the required 5%.

## **DIRECT PATIENT CARE VOLUNTEER ACTIVITY** **VERSUS ADMINISTRATIVE VOLUNTEER ACTIVITY**

REFERENCE: 42 CFR 418.78 states "Volunteers must be used in day-to-day administrative and/or direct patient care roles.

Clarification per CMS on 4/12/06:

**Administrative roles** are defined as such duties as filing in medical records, answering the telephone, or other general clerical duties that support overall patient care.

**Direct patient care** includes such duties as reading to a patient, bed bath, feeding a patient, transporting a patient, or providing companionship.

The hospice may include the time spent orienting volunteers to a specific patient's care in the home such as teaching infection control procedures during an introductory visit or demonstrating comfort measures for a specific patient in his/her home. They can also count the time they are training a volunteer to do a particular administrative task (clerical duties in the office.)

### **Rule of thumb:**

If the hospice would normally pay the individual for the activity they are performing, this activity would probably be considered a legitimate use of a volunteer.



# VOLUNTEERS

## QUESTIONS AND ANSWERS

1. QUESTION: Are there a certain number of in-services for volunteers required each year?

ANSWER: It depends on your agency policy. There are no regulatory requirements.

2. QUESTION: Are we required to have monthly meetings for volunteers?

ANSWER: There is nothing in regulation that requires monthly meetings to be held however your agency policy should dictate the frequency of volunteer meetings.

3. QUESTION: Do the regulations require a specific amount of training? Can trainings be customized?

ANSWER: The regulations do not determine a specific "hour amount" but the training must include ALL areas determined per regulation.

Orientation may be customized as long as all the mandatory elements are included, as stated, in regulation.

4. QUESTION: Does a volunteer need a medical physical or can a medical assessment completed by the volunteer suffice?

ANSWER: There is nothing in regulation that requires a medical physical be conducted unless it is your agency policy.

5. QUESTION: Does a volunteer have to have CPR training?

ANSWER: It depends on agency policy.

6. QUESTION: What are the regulations concerning the development of a program that would allow a group to come in and do home repairs for hospice patients?

ANSWER: If this group consists of volunteers that have completed the volunteer training then the time could be considered direct patient care hours since the services were provided at the patient's residence.

7. QUESTION: Can activities and time spent by official hospice volunteers making lap robes, fixing seasonal baskets, etc. be counted toward volunteer hours if we deliver the items to the patient? Could we consider the time spent making them as administrative hours and the time spent taking them to the patient as direct patient care time? (These activities are not being used for fund raising).

ANSWER: NO. The response from CMS is as follows:

"We had a question a few months ago that was similar and it involved a hospice wanting to use hours that a volunteer had used to make quilts. CMS did not view "quilting" as a legitimate administrative or direct patient care activity and such volunteer hours should not be used to compile volunteer hours or in computing the cost savings...making lap robes and fixing seasonal baskets falls into the same category as quilting. It is not appropriate for administrative consideration."

8. QUESTION: Can volunteers making phone calls to patient's families for support be counted as direct patient care hours?

ANSWER: No. Direct patient care activities means **time spent with the patient**. Phone calls, letter writing, etc. would be considered administrative support.

9. QUESTION: Regarding bereavement support: Can calls, visits, etc. be counted as direct patient care hours even if they are not working with a patient but with family members?

ANSWER: Visits would be a patient care activity however, phone calls would not. Letter writing would be if the volunteer visited to

help write a letter to someone. Writing a letter on behalf of the hospice would be an administrative activity.

10. QUESTION: One agency writes: "I have volunteers on-call on the weekends. Since they are giving of their time to be on call for a specific 8 hour period of time, can't they get all 8 hours regardless of them going out or not? I do not double up on time if they do make a visit. Our agency approved it because they compensate the on-call nurses regardless if they visit or not."

ANSWER: The guidance in the preamble to the final hospice regulations says the cost savings achieved through the use of hospice volunteers is computed from the time the hospice volunteers spend in administrative support or direct patient care activities. **Administrative support** means support of the patient care activities of the hospice (e.g., clerical duties in the offices of the hospice) and not more general support activities (e.g., participation in hospice fund raising activities). Therefore, the time volunteers spend at home while they are "on call" would not be included in computing the cost savings unless this was saving them money (e.g. the volunteer was a trained hospice nurse who volunteered to cover the on-call shift).

11. QUESTION: Can you count hours volunteers spend helping with health fairs?

ANSWER: No, only direct patient care or administrative tasks can be counted.

12. QUESTION: Is it a requirement to hold a memorial service?

ANSWER: There is no regulation that requires a memorial service be held. It depends on whether an agency chooses to conduct a memorial service.

13. QUESTION: If a volunteer is assigned to provide personal care to a patient does the volunteer have to meet the aide competency requirement?

ANSWER: Yes. All required volunteer training should be consistent with the specific tasks that volunteers perform. Therefore, if a

volunteer functions as an aide, he/she must have passed the state competency exam and skills test as required by the state for all hospice aides. Qualified volunteers who provide professional services for the hospice must also meet all requirements associated with their specialty area. If licensure or registration is required by the state, the volunteer must be licensed or registered. The duties of the volunteers used in direct patient care services or helping patients and families must be evident in the patient's plan of care. (L643) (L644)

14: QUESTION: When computing paid staff hours do we need to include Secretary, clerical staff, manager hours, etc?

ANSWER: Only direct patient care hours can be counted.